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Bib Data Sheet

CONFIRMATION NO. 3096

<b>SERIAL NUMBER</b> 10/659,552	<b>FILING OR 371(c) DATE</b> 09/10/2003 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> DAT-104-B
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## APPLICANTS

Anthony T. D'Amico, Troy, MI;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/409,519 09/10/2002 *ed*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE ed*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

12/02/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

32299

## TITLE

Traction device for physical therapy

<b>FILING FEE RECEIVED</b> 987	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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